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Bib Data Sheet

CONFIRMATION NO. 3960

<b>SERIAL NUMBER</b> 10/049,480	<b>FILING DATE</b> 06/14/2002 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> RUPA 19.411
<b>APPLICANTS</b> Alexandr Vilenovich Asafov, Moscow, RUSSIAN FEDERATION; Tatiana Dmitrievna Asafova, Moscow, RUSSIAN FEDERATION;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/RU99/00289 08/12/1999 <i>ju</i>				
<b>** FOREIGN APPLICATIONS *****</b> NONE <i>ju</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> RUSSIAN FEDERATION	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 13
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 026304				
<b>TITLE</b> Blood plasma replacement solution				
<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	